| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective January 1, 2003                    |                                                |                  |                         |                   |                  |        | ,                                            | Application or Docket Number                     |          |                     |                                                  |  |
|-------------------------------------------------------------------------------------------|------------------------------------------------|------------------|-------------------------|-------------------|------------------|--------|----------------------------------------------|--------------------------------------------------|----------|---------------------|--------------------------------------------------|--|
|                                                                                           |                                                |                  |                         |                   |                  |        | 65072-0145                                   |                                                  |          |                     |                                                  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                            |                                                |                  |                         |                   |                  |        | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |                                                  |          |                     |                                                  |  |
| TOTAL CLAIMS                                                                              |                                                | 18               |                         |                   |                  |        | RATE                                         | FEE                                              | ```      | RATE                | FEE                                              |  |
| FOR                                                                                       |                                                | NUMBER FILED     |                         | NUME              | NUMBER EXTRA     |        | BASIC F                                      |                                                  | OP       | BASIC FEE           |                                                  |  |
| TOTAL CHARGEABLE CLAIMS                                                                   |                                                | 18_ minus 20= 17 |                         | B                 | )                |        | X\$.9=                                       | 1                                                | OR       | 100                 | <del>                                     </del> |  |
| INDEPENDENT CLAIMS                                                                        |                                                | 2 - minus 3 = 0  |                         |                   | X4               |        | X42=                                         | 1                                                | 1        | You                 |                                                  |  |
| MULTIPLE DEPE                                                                             | RESENT                                         |                  |                         |                   | 1                |        | +-                                           | HOR                                              |          |                     |                                                  |  |
| * If the difference                                                                       | less than zero, enter "0" in column 2          |                  |                         |                   | •                | +140=  |                                              | OR                                               | <u> </u> |                     |                                                  |  |
| CLAIMS AS AMENDED DART II                                                                 |                                                |                  |                         |                   |                  |        | TOTAL                                        | 376                                              | D'R      |                     |                                                  |  |
| 11/19/04 (Column 1) (Column 2) (Column 3)                                                 |                                                |                  |                         |                   |                  |        | SMALI                                        | ENTITY                                           | OR       | OTHER               |                                                  |  |
| MTA                                                                                       | CLAIMS<br>REMAINING<br>AFTER                   |                  | HIGHE<br>NUMB<br>PREVIO | ST<br>SER<br>USLY | PRESENT          |        | RATE                                         | ADDI-<br>TIONAL                                  |          | RATE                | ADDI-<br>TIONAL                                  |  |
| Total Independent                                                                         | • / S                                          | Minus            | PAID E                  | OR                | =                |        | X\$ 9=                                       | FEE                                              | OR       | X\$18=              | FEE                                              |  |
| Independent                                                                               | • 2                                            | Minus            | ***/                    |                   | =                | 1      | X42=                                         | <del> </del>                                     | 1        |                     |                                                  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                            |                                                |                  |                         |                   |                  | 1      | 745=                                         | <del> </del>                                     | ОR       | X84=                |                                                  |  |
|                                                                                           |                                                |                  |                         |                   |                  |        | +140≃                                        |                                                  | OR       | +280=               |                                                  |  |
| 03/16/105                                                                                 |                                                |                  |                         |                   |                  |        | ADDIT. FEE OR ADDIT. FEE                     |                                                  |          |                     |                                                  |  |
|                                                                                           | (Cotumn 1)<br>CLAIMS                           |                  | (Colum                  |                   | (Column 3)       | ١ -    |                                              |                                                  |          |                     |                                                  |  |
| Total Independent                                                                         | REMAINING<br>AFTER<br>AMENDMENT                |                  | PREVIOUS PAID F         | ER<br>USLY        | PRESENT<br>EXTRA |        | RATE                                         | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | ADDI-<br>TIONAL<br>FEE                           |  |
| Total                                                                                     | + 17                                           | Minus            | ** 7                    | ပ                 | - /              |        | X\$ 9=                                       | ,                                                | OR       | X\$18=              | /                                                |  |
| independent                                                                               | · 2                                            | Minus            | <b>***</b> 3            |                   | - /              |        | X42=                                         | <del>                                     </del> |          | X84=                | +-                                               |  |
| PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                            |                                                |                  |                         |                   |                  |        |                                              |                                                  |          |                     | +                                                |  |
|                                                                                           |                                                |                  |                         |                   |                  |        | +140=                                        | -/                                               | OR       | +280=               |                                                  |  |
|                                                                                           | 10.                                            |                  | 2_                      |                   |                  | A      | DOTAL<br>DOTT. FEE                           |                                                  | OR ,     | TOTAL<br>ADDIT. FEE |                                                  |  |
|                                                                                           | (Column 1)<br>CLAIMS                           |                  | (Column                 |                   | (Column 3)       | -      |                                              |                                                  |          |                     |                                                  |  |
| Total Independent                                                                         | REMAINING<br>AFTER<br>AMENDMENT                |                  | PAID FO                 | ER<br>ISLY        | PRESENT<br>EXTRA |        | RATE                                         | ADDI-<br>TIONAL<br>FEE                           |          | RATE                | ADDI-<br>TIONAL<br>FEE                           |  |
| Total                                                                                     | •                                              | Minus            | 68                      |                   | 2                | Γ      | <b>X\$</b> 9=                                |                                                  | OR       | X\$18=              |                                                  |  |
| Independent                                                                               | •                                              | Minus            | ***                     |                   |                  | -      | X42=                                         |                                                  |          | X84=                |                                                  |  |
|                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                  |                         |                   |                  |        |                                              |                                                  | OR       | <del></del>         |                                                  |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.       |                                                |                  |                         |                   |                  |        | +140=<br>TOTAL                               |                                                  | OR       | +280=               |                                                  |  |
| The Thighest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.*  AD  AD |                                                |                  |                         |                   |                  |        |                                              |                                                  |          | TOTAL<br>DDIT. FEE  |                                                  |  |
| The "Highest Num                                                                          | ber Previously Paid                            | For (Total or    | Independent             | ) is the h        | ighest number    | found  | l in the app                                 | ropriate box                                     | in colu  | mn 1.               |                                                  |  |
| RM PTO-875 (Rev. 12                                                                       | (02) "U.S. Gov                                 | ment Prints Of   | Tics: 2003 — 48         | 9-276/5915        | 1                | Patent | and Tradem                                   | sark Office, U.S                                 | . DEPA   | RTMENT OF C         | OMMERCE                                          |  |